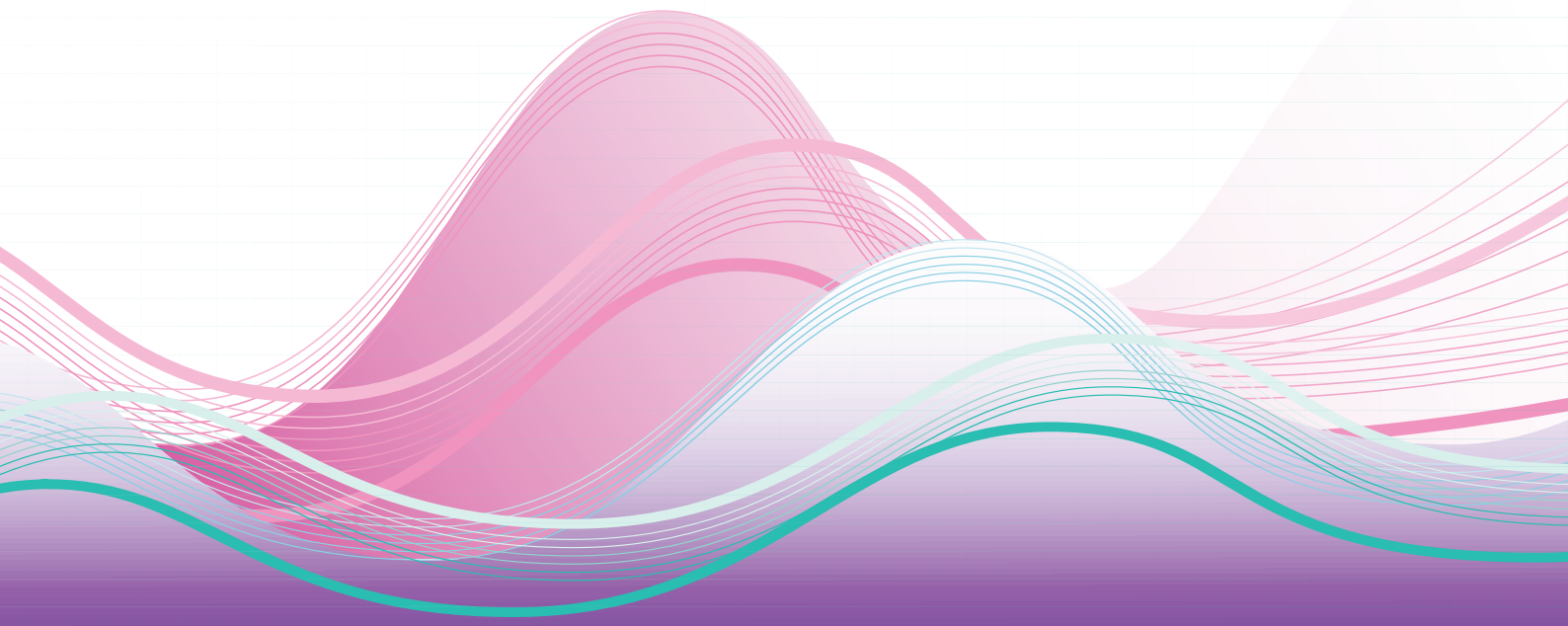


Performance Profiles

Potentially avoidable admissions for
COPD and CHF, July 2009 to June 2010

Mid North Coast Local Health Network

The Insights Series
Volume 2, PART 1



Bellinger River District Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

		Same period last year	Change since one year ago
Total hospitalisations ¹	1,551	1,725	-10%
Select medical hospitalisations ²	986	1,053	-6%
Total potentially preventable hospitalisations ³	227	277	-18%
Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴	54	55	-2%
Congestive Heart Failure (CHF) admissions ⁴	13	17	-24%

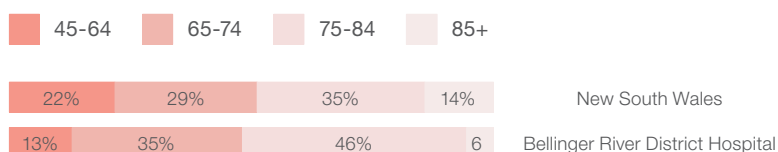
Rates per 1,000 select medical hospitalisations⁵

	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
COPD⁴				CHF⁴			
Actual	54.9	52.4	41.4	Actual	13.2	16.2	22.5
Standardised	36.0	31.3	38.8	Standardised	*	9.6	24.1
95% CI	(25.4 - 49.0)	(22.7 - 41.8)	(36.4 - 41.3)	95% CI	*	(5.1 - 16.2)	(21.8 - 26.4)

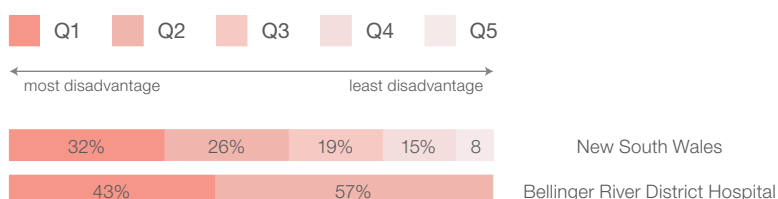
Bellinger River District Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

Potentially avoidable COPD admissions^{1,4}

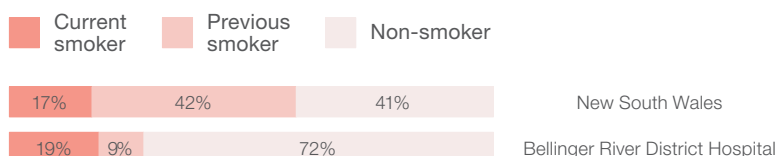
Age profile (years)



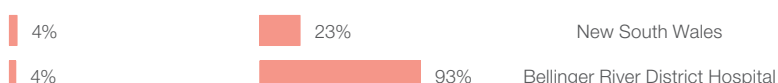
Socioeconomic status⁶ (quintile of disadvantage)



Smoking status at admission⁷



Aboriginal status⁸

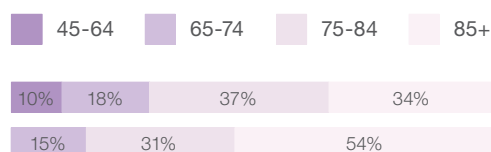


Rural postcode⁹

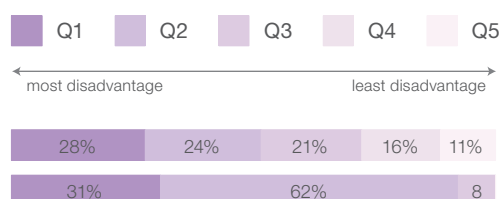


Potentially avoidable CHF admissions^{1,4}

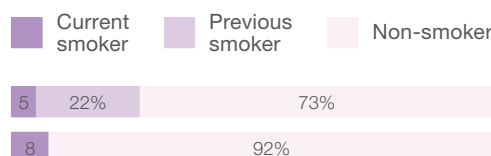
Age profile (years)



Socioeconomic status⁶ (quintile of disadvantage)



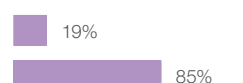
Smoking status at admission⁷



Aboriginal status⁸



Rural postcode⁹

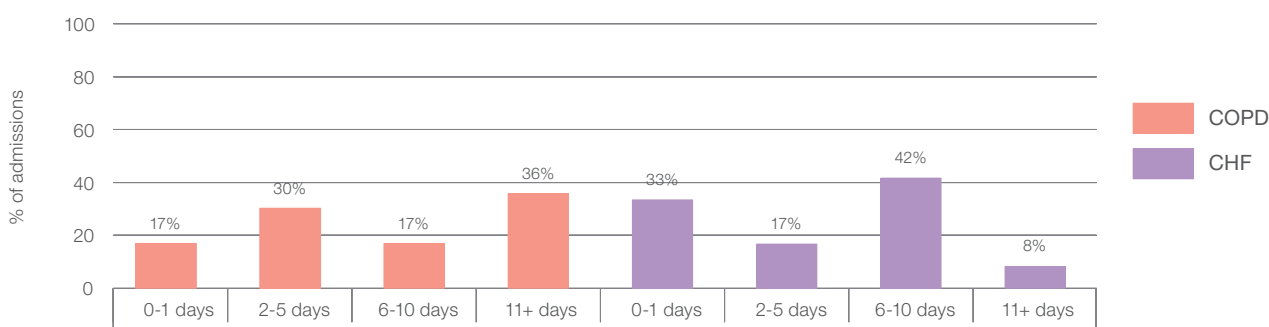


Bellinger River District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

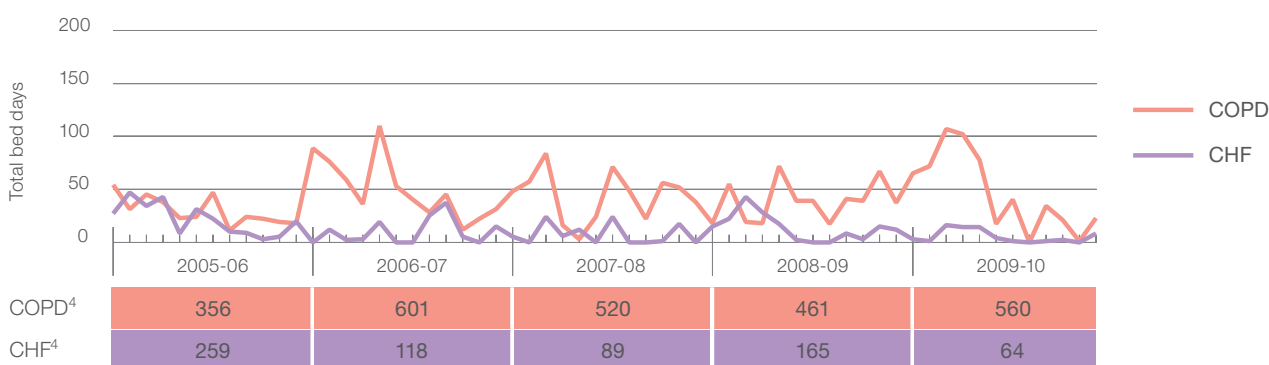
COPD admissions ⁴			CHF admissions ⁴		
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)
% Unplanned ¹⁰	96%	89%	97%	100%	82%
% from ED [†]	43%	65%	77%	46%	41%
COPD average length of stay in days ⁴			CHF average length of stay in days ⁴		
Actual	10.8	8.2	5.8	Actual	5.3
					9.7
					6.7

Length of stay profiles



Bellinger River District Hospital: Total bed days, potentially avoidable admissions for COPD and CHF

July 2005 to June 2010 (monthly)



(*) Suppressed: relative standard error $\geq 40\%$. (†) Interpret with caution: $30\% \leq$ relative standard error $< 40\%$.

1. A hospitalisation corresponds to one 'episode of care'. A single patient can have multiple hospitalisations in the time period.
2. Excludes hospitalisations for renal dialysis, obstetrics, psychiatry, and all surgery.
3. Potentially preventable hospitalisations as defined in: *The health of the people of NSW – Report of the Chief Health Officer 2010*.
4. For criteria used for COPD / CHF admissions, see *Technical Supplement* at www.bhi.nsw.gov.au
5. Rates are directly standardised to the NSW admitted patient population 2009-10 on the basis of age, sex, and socioeconomic status.
6. Index of Relative Social Disadvantage (IRSD), as defined by the Australian Bureau of Statistics.
7. Smoking status as recorded on admission: termed *current* if patient smoked tobacco within last month; *previous* if patient smoked tobacco in the past but excluding last month.
8. We use the term Aboriginal, rather than Aboriginal and Torres Strait Islander in line with NSW Health usage, which recognises that Aboriginal people are the original inhabitants of NSW.
9. Postcode of usual residence at time of admission classified as outer regional or remote.
10. Admissions with emergency status of 'non-emergency / planned'. (†) Emergency Department

Note: Only records with valid and non-missing data are included in each analysis.

Note: Length of stay and total bed days calculated on 'acute' episodes only (comprising 98.7% COPD and 97.4% CHF PAAs).

Note: Additional detail and definitions can be found in the Bureau's *Technical Supplement* at www.bhi.nsw.gov.au

Source: Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 28 February 2011.

Coffs Harbour Base Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

		Same period last year	Change since one year ago
Total hospitalisations ¹	26,061	25,900	1%
Select medical hospitalisations ²	7,051	6,779	4%
Total potentially preventable hospitalisations ³	2,705	2,576	5%
Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴	281	269	4%
Congestive Heart Failure (CHF) admissions ⁴	132	92	43%

Rates per 1,000 select medical hospitalisations⁵

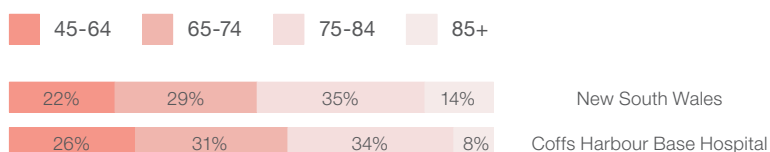
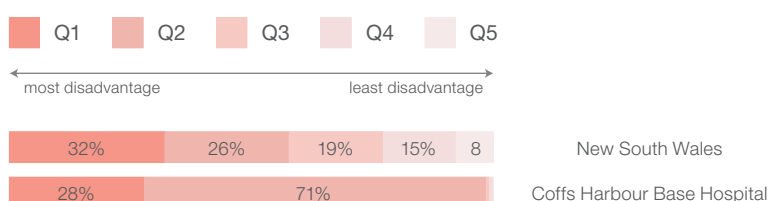
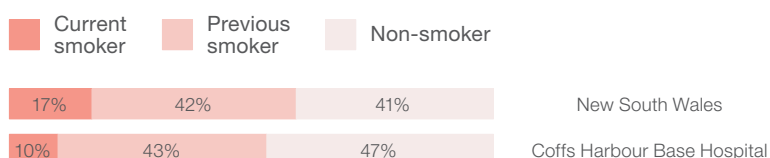
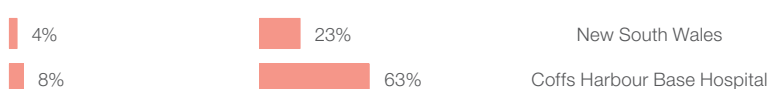
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
COPD⁴				CHF⁴			
Actual	39.8	39.8	38.6	Actual	18.8	13.6	24.2
Standardised	28.8	45.4	34.8	Standardised	10.6	7.0	25.1
95% CI	(17.3 - 41.4)	(21.2 - 71.9)	(32.4 - 37.3)	95% CI	(8.8 - 12.7)	(5.5 - 8.7)	(22.3 - 28.1)

Coffs Harbour Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

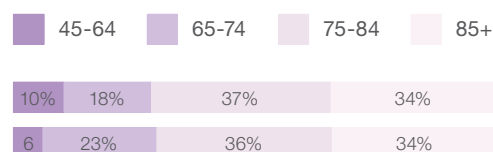
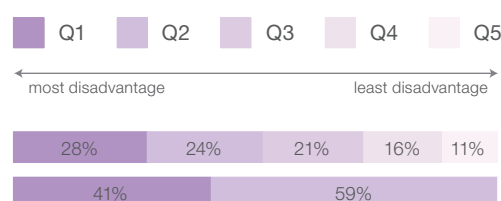
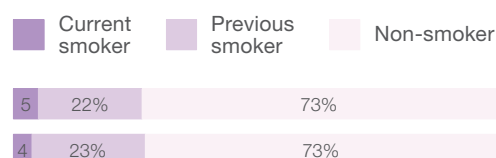
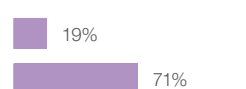
July 2009 to June 2010

Potentially avoidable COPD admissions^{1,4}

Age profile (years)

Socioeconomic status⁶ (quintile of disadvantage)Smoking status at admission⁷Aboriginal status⁸Rural postcode⁹**Potentially avoidable CHF admissions^{1,4}**

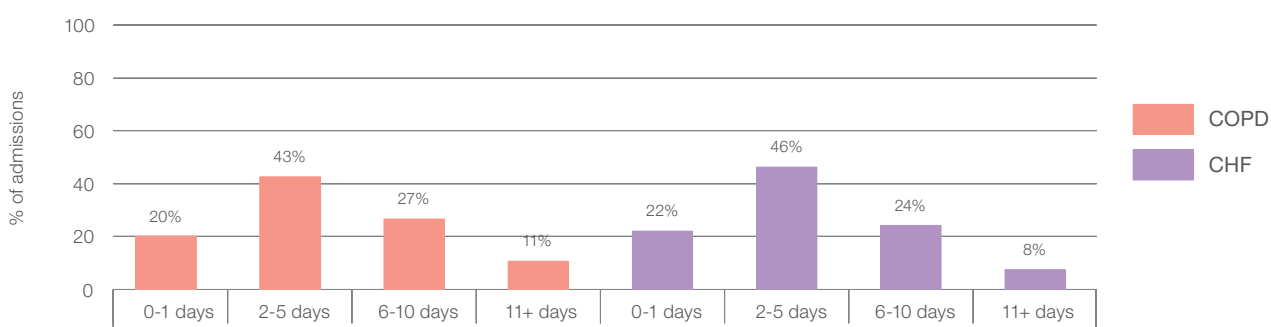
Age profile (years)

Socioeconomic status⁶ (quintile of disadvantage)Smoking status at admission⁷Aboriginal status⁸Rural postcode⁹

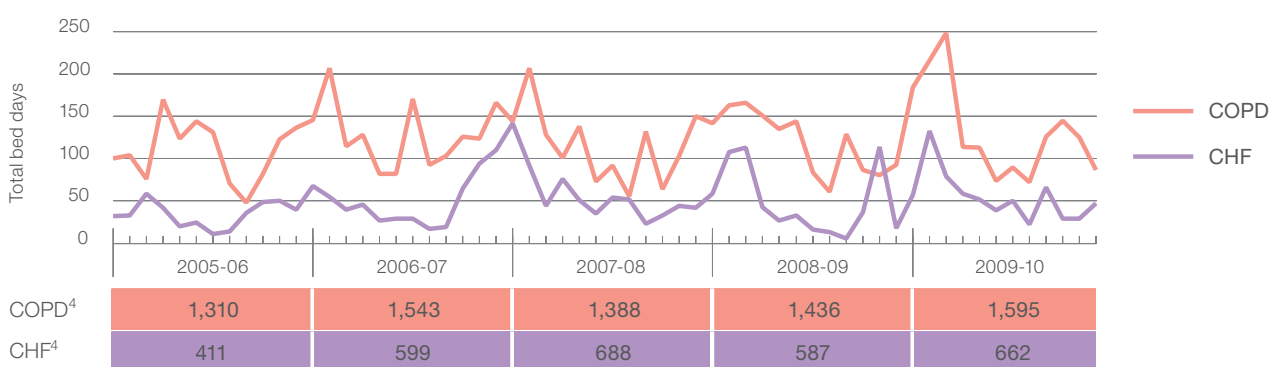
Coffs Harbour Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

COPD admissions ⁴			CHF admissions ⁴				
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned ¹⁰	95%	95%	97%	% Unplanned ¹⁰	100%	100%	99%
% from ED [†]	78%	49%	85%	% from ED [†]	84%	53%	88%
COPD average length of stay in days ⁴			CHF average length of stay in days ⁴				
Actual	5.8	5.4	5.6	Actual	5.0	6.4	6.2

Length of stay profiles**Coffs Harbour Base Hospital: Total bed days, potentially avoidable admissions for COPD and CHF**

July 2005 to June 2010 (monthly)

(*) Suppressed: relative standard error $\geq 40\%$.(!) Interpret with caution: $30\% \leq$ relative standard error $< 40\%$.

1. A hospitalisation corresponds to one 'episode of care'. A single patient can have multiple hospitalisations in the time period.

2. Excludes hospitalisations for renal dialysis, obstetrics, psychiatry, and all surgery.

3. Potentially preventable hospitalisations as defined in: *The health of the people of NSW – Report of the Chief Health Officer 2010*.4. For criteria used for COPD / CHF admissions, see *Technical Supplement* at www.bhi.nsw.gov.au

5. Rates are directly standardised to the NSW admitted patient population 2009-10 on the basis of age, sex, and socioeconomic status.

6. Index of Relative Social Disadvantage (IRSD), as defined by the Australian Bureau of Statistics.

7. Smoking status as recorded on admission: termed *current* if patient smoked tobacco within last month; *previous* if patient smoked tobacco in the past but excluding last month.

8. We use the term Aboriginal, rather than Aboriginal and Torres Strait Islander in line with NSW Health usage, which recognises that Aboriginal people are the original inhabitants of NSW.

9. Postcode of usual residence at time of admission classified as outer regional or remote.

10. Admissions with emergency status of 'non-emergency / planned'.

(!) Emergency Department

Note: Only records with valid and non-missing data are included in each analysis.**Note:** Length of stay and total bed days calculated on 'acute' episodes only (comprising 98.7% COPD and 97.4% CHF PAAs).**Note:** Additional detail and definitions can be found in the Bureau's *Technical Supplement* at www.bhi.nsw.gov.au**Source:** Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 28 February 2011.

Kempsey Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

		Same period last year	Change since one year ago
Total hospitalisations ¹	10,558	10,240	3%
Select medical hospitalisations ²	4,056	3,867	5%
Total potentially preventable hospitalisations ³	1,218	1,125	8%
Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴	155	156	-1%
Congestive Heart Failure (CHF) admissions ⁴	74	111	-33%

Rates per 1,000 select medical hospitalisations⁵

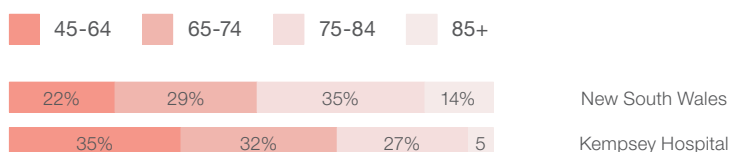
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
COPD⁴				CHF⁴			
Actual	38.3	40.4	41.4	Actual	18.3	28.7	22.5
Standardised	20.8†	21.4	38.8	Standardised	*	9.8	24.1
95% CI	(8.1 - 35.1)	(12.4 - 31.7)	(36.4 - 41.3)	95% CI	*	(7.3 - 12.7)	(21.8 - 26.4)

Kempsey Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

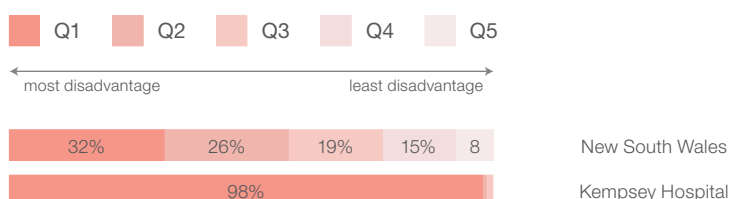
July 2009 to June 2010

Potentially avoidable COPD admissions^{1,4}

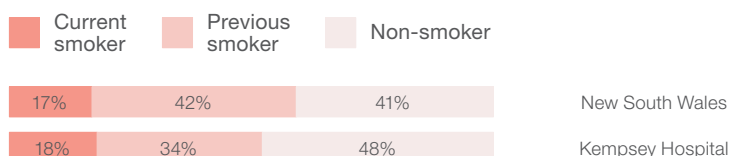
Age profile (years)



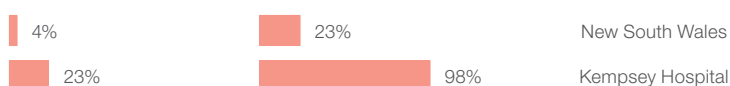
Socioeconomic status⁶ (quintile of disadvantage)



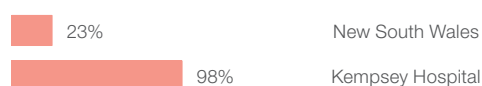
Smoking status at admission⁷



Aboriginal status⁸

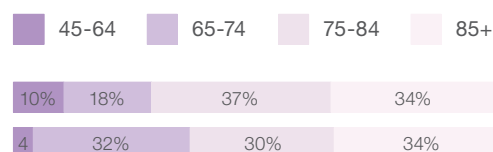


Rural postcode⁹

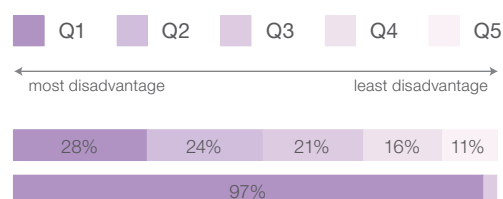


Potentially avoidable CHF admissions^{1,4}

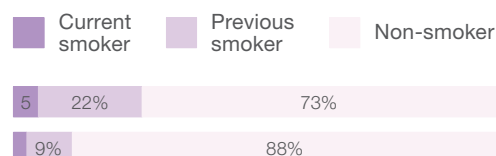
Age profile (years)



Socioeconomic status⁶ (quintile of disadvantage)



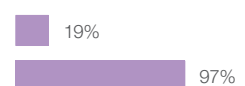
Smoking status at admission⁷



Aboriginal status⁸



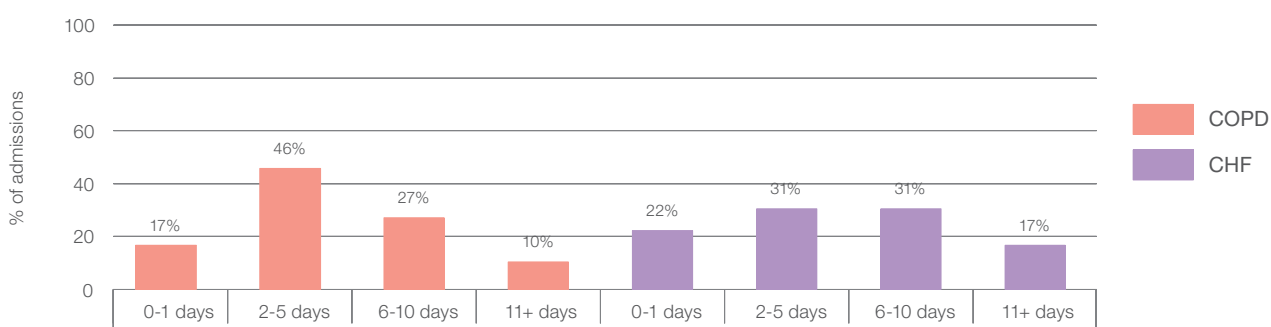
Rural postcode⁹



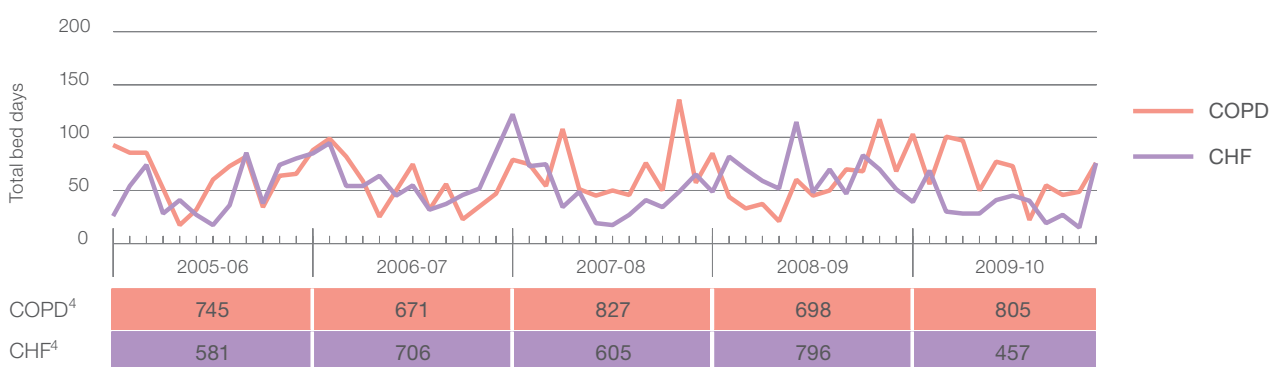
Kempsey Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

COPD admissions ⁴			CHF admissions ⁴		
	This period (2009-10)	Peer group (2009-10)		This period (2009-10)	Peer group (2009-10)
% Unplanned ¹⁰	99%	97%	% Unplanned ¹⁰	99%	97%
% from ED [†]	86%	77%	% from ED [†]	78%	70%
COPD average length of stay in days ⁴			CHF average length of stay in days ⁴		
Actual	5.2	5.8	Actual	6.3	6.7

Length of stay profiles**Kempsey Hospital: Total bed days, potentially avoidable admissions for COPD and CHF**

July 2005 to June 2010 (monthly)

(*) Suppressed: relative standard error $\geq 40\%$.(*) Interpret with caution: $30\% \leq$ relative standard error $< 40\%$.

1. A hospitalisation corresponds to one 'episode of care'. A single patient can have multiple hospitalisations in the time period.

2. Excludes hospitalisations for renal dialysis, obstetrics, psychiatry, and all surgery.

3. Potentially preventable hospitalisations as defined in: *The health of the people of NSW – Report of the Chief Health Officer 2010*.4. For criteria used for COPD / CHF admissions, see *Technical Supplement* at www.bhi.nsw.gov.au

5. Rates are directly standardised to the NSW admitted patient population 2009-10 on the basis of age, sex, and socioeconomic status.

6. Index of Relative Social Disadvantage (IRSD), as defined by the Australian Bureau of Statistics.

7. Smoking status as recorded on admission: termed *current* if patient smoked tobacco within last month; *previous* if patient smoked tobacco in the past but excluding last month.

8. We use the term Aboriginal, rather than Aboriginal and Torres Strait Islander in line with NSW Health usage, which recognises that Aboriginal people are the original inhabitants of NSW.

9. Postcode of usual residence at time of admission classified as outer regional or remote.

10. Admissions with emergency status of 'non-emergency / planned'.

(*) Emergency Department

Note: Only records with valid and non-missing data are included in each analysis.**Note:** Length of stay and total bed days calculated on 'acute' episodes only (comprising 98.7% COPD and 97.4% CHF PAAs).**Note:** Additional detail and definitions can be found in the Bureau's *Technical Supplement* at www.bhi.nsw.gov.au**Source:** Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 28 February 2011.

Macksville District Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

		Same period last year	Change since one year ago
Total hospitalisations ¹	2,918	2,950	-1%
Select medical hospitalisations ²	1,546	1,610	-4%
Total potentially preventable hospitalisations ³	391	448	-13%
Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴	87	101	-14%
Congestive Heart Failure (CHF) admissions ⁴	34	41	-17%

Rates per 1,000 select medical hospitalisations⁵

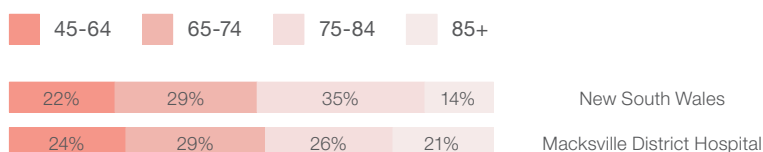
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
COPD⁴				CHF⁴			
Actual	56.3	62.8	41.4	Actual	22.0	25.5	22.5
Standardised	26.2†	*	38.8	Standardised	5.3	*	24.1
95% CI	(7.8 - 47.8)	*	(36.4 - 41.3)	95% CI	(3.6 - 7.5)	*	(21.8 - 26.4)

Macksville District Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

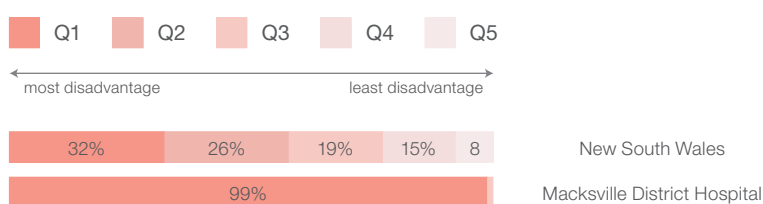
July 2009 to June 2010

Potentially avoidable COPD admissions^{1,4}

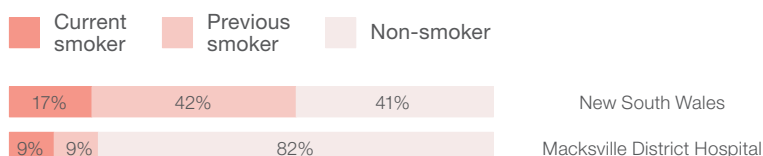
Age profile (years)



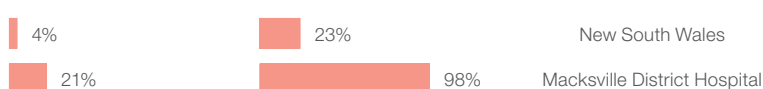
Socioeconomic status⁶ (quintile of disadvantage)



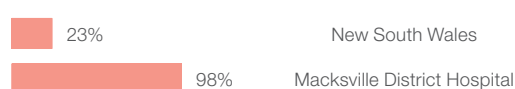
Smoking status at admission⁷



Aboriginal status⁸

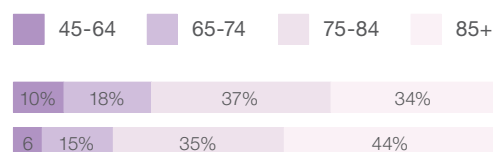


Rural postcode⁹

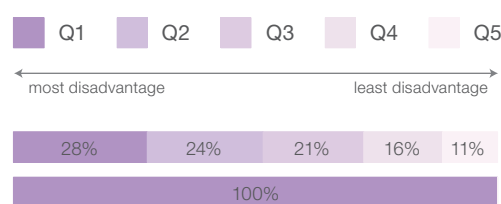


Potentially avoidable CHF admissions^{1,4}

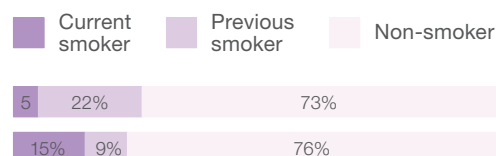
Age profile (years)



Socioeconomic status⁶ (quintile of disadvantage)



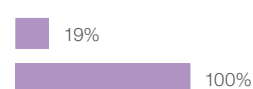
Smoking status at admission⁷



Aboriginal status⁸



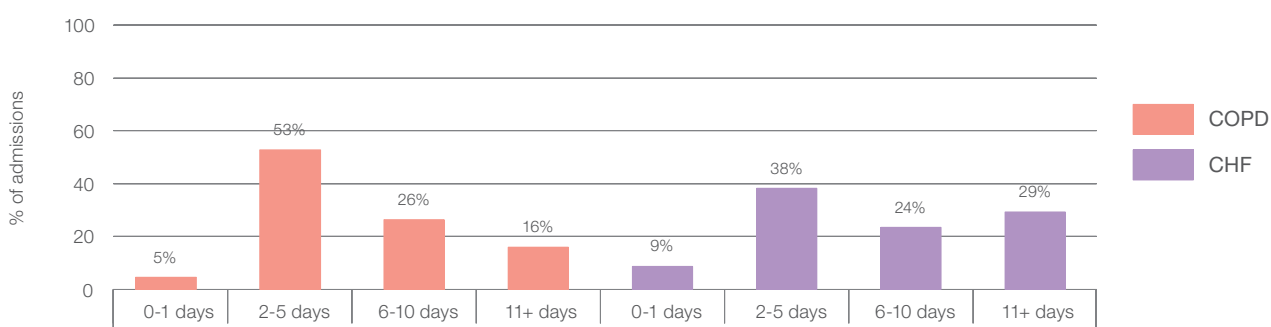
Rural postcode⁹



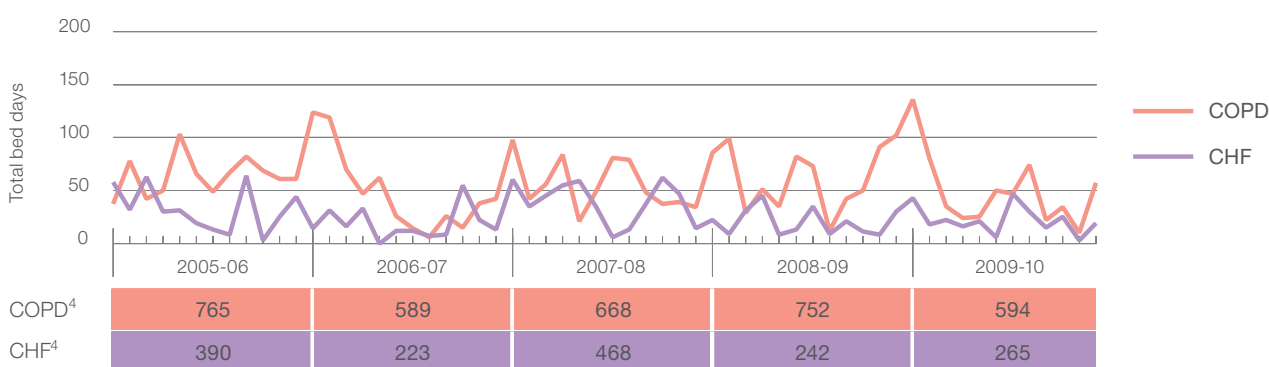
Macksville District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

COPD admissions ⁴			CHF admissions ⁴				
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned ¹⁰	95%	97%	97%	% Unplanned ¹⁰	100%	98%	97%
% from ED [†]	92%	94%	77%	% from ED [†]	97%	93%	70%
COPD average length of stay in days ⁴			CHF average length of stay in days ⁴				
Actual	7.3	7.1	5.8	Actual	8.1	5.6	6.7

Length of stay profiles**Macksville District Hospital: Total bed days, potentially avoidable admissions for COPD and CHF**

July 2005 to June 2010 (monthly)

(*) Suppressed: relative standard error $\geq 40\%$.(*) Interpret with caution: $30\% \leq$ relative standard error $< 40\%$.

1. A hospitalisation corresponds to one 'episode of care'. A single patient can have multiple hospitalisations in the time period.

2. Excludes hospitalisations for renal dialysis, obstetrics, psychiatry, and all surgery.

3. Potentially preventable hospitalisations as defined in: *The health of the people of NSW – Report of the Chief Health Officer 2010*.4. For criteria used for COPD / CHF admissions, see *Technical Supplement* at www.bhi.nsw.gov.au

5. Rates are directly standardised to the NSW admitted patient population 2009-10 on the basis of age, sex, and socioeconomic status.

6. Index of Relative Social Disadvantage (IRSD), as defined by the Australian Bureau of Statistics.

7. Smoking status as recorded on admission: termed *current* if patient smoked tobacco within last month; *previous* if patient smoked tobacco in the past but excluding last month.

8. We use the term Aboriginal, rather than Aboriginal and Torres Strait Islander in line with NSW Health usage, which recognises that Aboriginal people are the original inhabitants of NSW.

9. Postcode of usual residence at time of admission classified as outer regional or remote.

10. Admissions with emergency status of 'non-emergency / planned'.

(*) Emergency Department

Note: Only records with valid and non-missing data are included in each analysis.**Note:** Length of stay and total bed days calculated on 'acute' episodes only (comprising 98.7% COPD and 97.4% CHF PAAs).**Note:** Additional detail and definitions can be found in the Bureau's *Technical Supplement* at www.bhi.nsw.gov.au**Source:** Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 28 February 2011.

Port Macquarie Base Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

		Same period last year	Change since one year ago
Total hospitalisations ¹	18,828	19,229	-2%
Select medical hospitalisations ²	5,667	5,730	-1%
Total potentially preventable hospitalisations ³	1,795	1,975	-9%
Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴	262	257	2%
Congestive Heart Failure (CHF) admissions ⁴	127	155	-18%

Rates per 1,000 select medical hospitalisations⁵

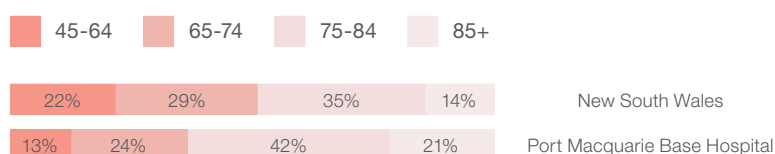
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
COPD⁴				CHF⁴			
Actual	46.2	44.8	38.6	Actual	22.3	27.1	24.2
Standardised	28.8	36.9	34.8	Standardised	39.1†	20.5	25.1
95% CI	(21.2 - 37.1)	(24.8 - 50.1)	(32.4 - 37.3)	95% CI	(11.6 - 70.5)	(11.6 - 30.5)	(22.3 - 28.1)

Port Macquarie Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

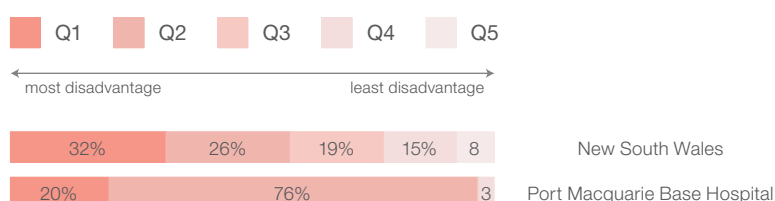
July 2009 to June 2010

Potentially avoidable COPD admissions^{1,4}

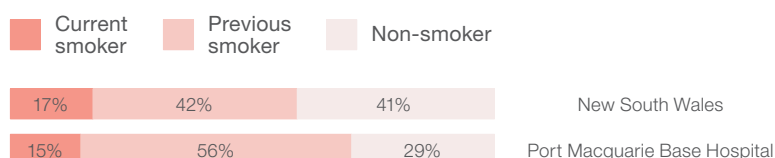
Age profile (years)



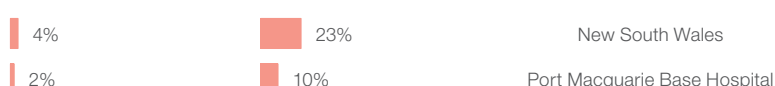
Socioeconomic status⁶ (quintile of disadvantage)



Smoking status at admission⁷



Aboriginal status⁸

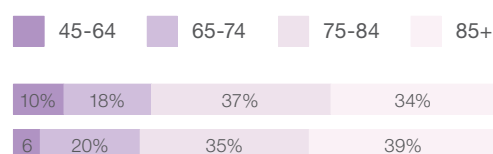


Rural postcode⁹

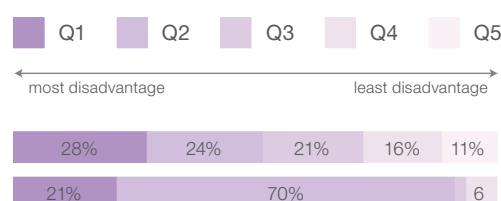


Potentially avoidable CHF admissions^{1,4}

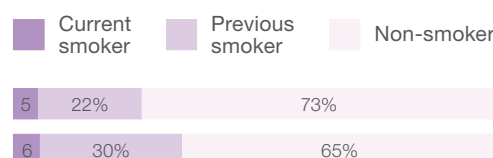
Age profile (years)



Socioeconomic status⁶ (quintile of disadvantage)



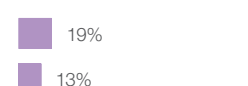
Smoking status at admission⁷



Aboriginal status⁸



Rural postcode⁹

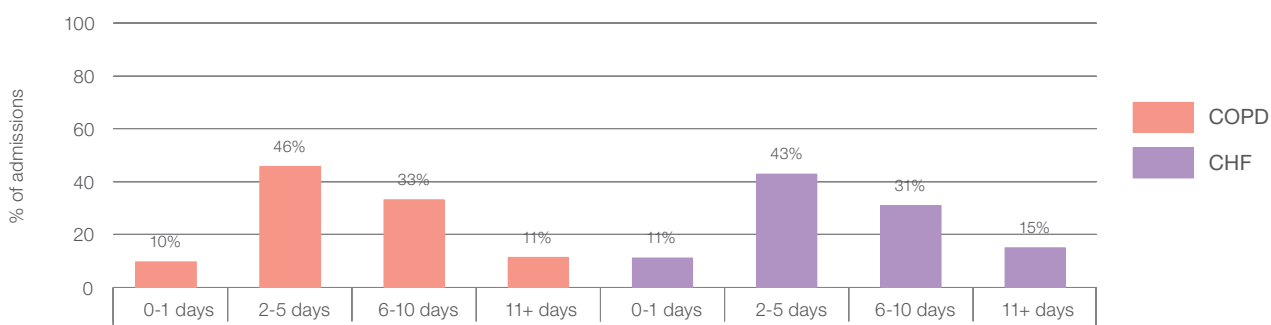


Port Macquarie Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

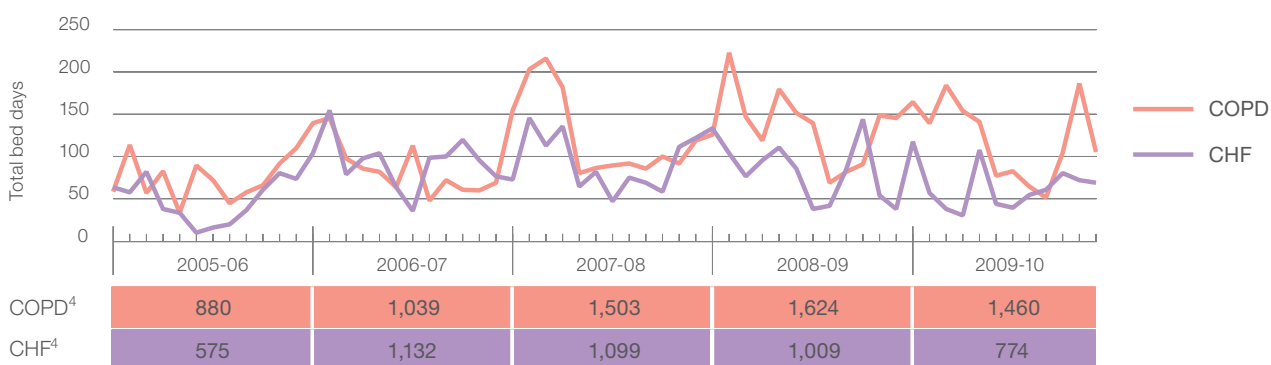
COPD admissions ⁴			CHF admissions ⁴				
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned ¹⁰	99%	100%	97%	% Unplanned ¹⁰	99%	99%	99%
% from ED [†]	90%	91%	85%	% from ED [†]	92%	97%	88%
COPD average length of stay in days ⁴			CHF average length of stay in days ⁴				
Actual	5.7	6.4	5.6	Actual	6.3	6.5	6.2

Length of stay profiles



Port Macquarie Base Hospital: Total bed days, potentially avoidable admissions for COPD and CHF

July 2005 to June 2010 (monthly)



(*) Suppressed: relative standard error $\geq 40\%$.

(†) Interpret with caution: $30\% \leq$ relative standard error $< 40\%$.

1. A hospitalisation corresponds to one 'episode of care'. A single patient can have multiple hospitalisations in the time period.
2. Excludes hospitalisations for renal dialysis, obstetrics, psychiatry, and all surgery.
3. Potentially preventable hospitalisations as defined in: *The health of the people of NSW – Report of the Chief Health Officer 2010*.
4. For criteria used for COPD / CHF admissions, see *Technical Supplement* at www.bhi.nsw.gov.au
5. Rates are directly standardised to the NSW admitted patient population 2009-10 on the basis of age, sex, and socioeconomic status.
6. Index of Relative Social Disadvantage (IRSD), as defined by the Australian Bureau of Statistics.
7. Smoking status as recorded on admission: termed *current* if patient smoked tobacco within last month; *previous* if patient smoked tobacco in the past but excluding last month.
8. We use the term Aboriginal, rather than Aboriginal and Torres Strait Islander in line with NSW Health usage, which recognises that Aboriginal people are the original inhabitants of NSW.
9. Postcode of usual residence at time of admission classified as outer regional or remote.
10. Admissions with emergency status of 'non-emergency / planned'. (†) Emergency Department

Note: Only records with valid and non-missing data are included in each analysis.

Note: Length of stay and total bed days calculated on 'acute' episodes only (comprising 98.7% COPD and 97.4% CHF PAAs).

Note: Additional detail and definitions can be found in the Bureau's *Technical Supplement* at www.bhi.nsw.gov.au

Source: Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 28 February 2011.

Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at www.bhi.nsw.gov.au

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at www.bhi.nsw.gov.au for any amendments.